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CATAWBA COUNTY
APPLICATION FOR BUILDING PERMIT

P.O. Box 389
 Newton, NC 28658
www.catawbacountync.gov

(Please Print or Type)

PROPERTY LOCATION Property ID# _____ Date _____

Physical Street Address _____ City: _____ State: _____ Zip Code: _____

PROJECT TITLE _____

OWNER _____ Telephone () _____ Fax () _____

Address _____ City: _____ State: _____ Zip Code: _____

GENERAL CONTRACTOR _____ Contact Person _____

Telephone () _____ Fax () _____ Email _____

State License # _____ Classification _____ Federal ID # _____

Address _____

DESIGNER _____ Telephone () _____ Fax () _____ Email _____

SUBCONTRACTORS (Yes/No): ☐ Electrical ☐ Plumbing ☐ Heating ☐ A/C

SIGNS ☐ Wall ☐ Ground Height: _____ Width: _____ Total Sq. Footage: _____

TYPE OF USE (check all that apply)

- | | | | | |
|---|--|--|---|----------------------------------|
| <input type="checkbox"/> Single Family (site built) | <input type="checkbox"/> Deck only | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Hazardous | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Modular Dwelling | <input type="checkbox"/> Pier (Pvt/ Comm) | <input type="checkbox"/> Assembly | <input type="checkbox"/> Institutional | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Business | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Tower |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Educational | <input type="checkbox"/> Multi-Residential | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Modular Office | <input type="checkbox"/> Factory/ Industrial | <input type="checkbox"/> Recreation Vehicle | |

TYPE OF WORK ☐ Addition ☐ Alteration ☐ Chg out Existing ☐ Demolition ☐ Foundation ☐ Mixed Add/Alter

☐ New ☐ Rehab ☐ Relocate ☐ Repairs ☐ Safety Inspection ☐ Shell-In ☐ Temp Event ☐ Upfit

TYPE OF CONSTRUCTION (Circle) I II III IV V Protected (A) Unprotected (B) **Temp Saw Pole Y / N**

Total Sq Ft _____ Heated Sq Ft _____ Unheated Sq Ft _____ (basement, garage, covered porches, etc)

Garage Sq Ft _____ Bonus Rm Sq Ft _____ (finished/unfinished) Basement Sq Ft _____ (finished/unfinished)

1st Floor Sq Ft _____ 2nd Floor Sq Ft _____ Attic Sq Ft _____ Exterior Finish _____

Total # Rms _____ # of Units _____ # of Stories _____ Bathrooms _____ Bedrooms _____

Fireplace openings _____ (masonry, prefab/gas, prefab/wood) Building Height _____

Type of Heat _____ Type of Foundation _____ Length of Dock/ Pier _____

SEWER TYPE ☐ Septic Tank ☐ City Sewer / Private System _____

WATER SUPPLY ☐ Well ☐ Community Well ☐ City _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Codes and all other applicable State and local laws and ordinances and regulations. I understand that a Certificate of Occupancy is required prior to occupying the premises and the Building Services Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

\$ _____ Project cost _____ Owner / Agent Signature _____ Date _____